

# MI ARNG Honor Guard

## Soldier In-processing Checklist

Soldier Name: \_\_\_\_\_ Rank: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Region: \_\_ (Det) \_\_ (Mid) \_\_ (SW) \_\_ (GR)

	Date	Initials
<input type="radio"/> Personnel Data Sheet: (team leader, unit)	_____	_____
<input type="radio"/> Soldier Waiver Sheet: (team leader, unit)	_____	_____
<input type="radio"/> Annual Medical Certificate (DA-7349): (team leader, unit)	_____	_____
<input type="radio"/> APFT Record (DA-705): (team leader, unit)	_____	_____
<input type="radio"/> Driver's License: (team leader, unit)	_____	_____
<input type="radio"/> Commander's Questionnaire: (team leader, unit)	_____	_____
<input type="radio"/> Check Alpha Roster for NG Status: (SGT Moore / SSG Brooks)	_____	_____
<input type="radio"/> Criminal Investigation Check: (SFC Plaxton)	_____	_____
<input type="radio"/> OD-30 Check: (GO) (NO-GO) (SFC Plaxton)	_____	_____
<input type="radio"/> # of Years Active Service; RPAM Check: (SSG Brooks / SGT Moore)	_____	_____
<input type="radio"/> First Day of Honor Guard:	_____	_____
<input type="radio"/> Complete Dress Blues Issue (SGT Brooks)	_____	_____

**MICHIGAN ARNG HONOR GUARD  
PERSONNEL DATA SHEET**

Date: \_\_\_\_\_

**All seven blocks must be thoroughly completed**

(1) LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ RANK: \_\_\_\_\_  
DOB(YYYYMMDD): \_\_\_\_\_ RACE: \_\_\_\_\_ SSN: \_\_\_\_\_  
SEX: \_\_\_\_\_ CIVILIAN DRIVER'S LICENSE # \_\_\_\_\_

(2) HOME OF RECORD: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_  
ARE YOU CURRENTLY ON MILITARY ORDERS? \_\_\_\_\_  
ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_  
WORK NAME & ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(3) HEIGHT: \_\_\_\_\_ IN  
WEIGHT: \_\_\_\_\_ LBS  
UNIT: \_\_\_\_\_  
UNIT IDENTIFICATION CODE: \_\_\_\_\_  
WHAT IS YOUR DUTY POSITION WITHIN YOUR UNIT? \_\_\_\_\_  
UNIT PHONE: \_\_\_\_\_  
UNIT POC: \_\_\_\_\_

(4) AKO USERNAME: \_\_\_\_\_@us.army.mil  
RCAS ACCOUNT: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
NEXT OF KIN NAME/PHONE: \_\_\_\_\_

(5) ARE YOU FLAGGED FOR: HEIGHT/WEIGHT: YES / NO APFT: YES / NO OTHER: \_\_\_\_\_  
MEDICAL INFO: \_\_\_\_\_ PROFILES: \_\_\_\_\_  
APFT SCORE: \_\_\_\_\_ DATE APFT TEST TAKEN: \_\_\_\_\_

(6) **MISSION AVAILABILITY**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

(7) **DRESS BLUE UNIFORM SIZES**

HAT SIZE: _____	WAIST SIZE: _____
CHEST/BUST SIZE: _____	SKIRT LENGTH: _____
COLLAR/NECK: _____	HIP SIZE: _____
TROUSER INSEAM: _____	SLEEVE LENGTH: _____
SHOE SIZE: _____	SHIRT: _____

# SOLDIER WAIVER

I, \_\_\_\_\_, understand that I am under a probation period with the Michigan Army National Guard Honor Guard. I also understand that pending the results of my background check, I may be subject to immediate termination. Therefore, I am attesting that my criminal record is of standard to the Uniform Code of Military Justice. In accordance, I am not to drive a government vehicle until my civilian driving record is cleared through the Honor Guard Headquarters in Lansing.

Printed Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INITIAL MEDICAL REVIEW - ANNUAL MEDICAL CERTIFICATE**

For use of this form, see AR 40-501; the proponent agency is OTSG

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**Authority** Section 133, Title 10, United States Code (10 USC 133).

**Purpose** The primary use of this information is to provide medical information of sufficient detail to ensure uniformity in medical evaluation.

**Routine Uses** Used to evaluate soldiers in terms of medical conditions and physical defects which may require medical care or which may require a determination of medical fitness for duty.

**Disclosure** The requested information is mandatory because of the need to document all medical incidents in view of future rights and benefits. If the requested information is not furnished, comprehensive health care may not be possible, but **CARE WILL NOT BE DENIED.**

**PART I -- COMPLETED BY SOLDIER**

Please check the appropriate response column for each question below.

YES

NO

1. Do you currently have any medical/dental problems?

2. Have you had any medical or dental problems since your last periodic physical examination?

3. Have you been seen by or been treated by a dentist, physician, or other health care provider since your last periodic physical examination?

4. Have you been hospitalized or had surgery since your last periodic physical examination?

5. Are you currently taking medication, or have you taken prescription medication since your last examination?

6. Are you currently or have you in the past received a VA Disability, Workmen's Compensation, or other type of compensation for health or physical reason?

7. LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING

8. EXPLAIN ANY POSITIVE ANSWERS GIVEN ABOVE

I certify that the above information is true and correct to the best of my knowledge. I further understand that false statements made on this form may be cause for reassignment, discharge, or other disciplinary action.

9. SSN

10. RANK/GRADE

11. MOS

12. DATE

13a. PRINTED/TYPED NAME

13b. SIGNATURE

**PART II -- COMPLETED BY INITIAL REVIEWER**

14. INITIAL REVIEWER'S NOTES

15. ☐ FULLY FIT☐REQUIRES  
FURTHER  
EVALUATION

16. SIGNATURE

17. DATE

**PART III -- COMPLETED BY PHYSICIAN**

18. PHYSICIAN'S REVIEW NOTES

19. ☐ FIT☐UNFIT (USAR  
refer to para  
9-13 & 9-14  
AR 40-501)☐UNFIT (Army  
National Guard  
refer to MDRB)20. Complete "PULHES" using the  
Physical Profile Functional  
Capacity Guide in Table 7-1,  
AR 40-501.

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21. DA FORM 3349 IS ATTACHED

☐

YES

☐

NO

22. SIGNATURE

23. DATE

**PART IV -- COMPLETED BY APPROVING AUTHORITY**

24. MISCELLANEOUS RECOMMENDATIONS

25. SIGNATURE

26. DATE

## COMMANDER'S QUESTIONNAIRE

MEMORANDUM FOR: Albert A. Boyce, Coordinator, MIARNG Honor Guard

SUBJECT: Request for M-day support with MIARNG Honor Guard

Soldier's Name: \_\_\_\_\_ Rank: \_\_\_\_\_

SSN: \_\_\_\_\_ Unit: \_\_\_\_\_

1. Does this soldier meet height/weight standards IAW AR 600-9? \_\_\_\_\_ If not, is the soldier enrolled in a weight control program? \_\_\_\_\_

2. Is this soldier on a medical profile? \_\_\_\_\_ If yes, what is the profile for? \_\_\_\_\_ Date  
this soldier was placed on a profile? \_\_\_\_\_ What kind of profile is this?  
Permanent/Temporary What are the limitations? \_\_\_\_\_

3. Did this soldier pass the APFT for the current FY? \_\_\_\_\_ If not, what actions have been taken? \_\_\_\_\_

4. Is this soldier flagged for any reason? \_\_\_\_\_ If yes, why? \_\_\_\_\_

5. Will this soldier's involvement in the Honor Guard Program interfere with their duties or training at the unit? \_\_\_\_\_

6. Will the soldier be required to attend drills with the unit? \_\_\_\_\_ AT? \_\_\_\_\_

7. Are there any disciplinary actions pending on this soldier? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

8. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

☐ I **do** recommend this soldier for Honor Guard duty.

☐ I **do not** recommend this soldier for Honor Guard duty.  
(please check one)

\_\_\_\_\_  
Commander

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Readiness NCO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date